

### APPLICATION FORM

**Program Applying for:**

[Tick mark the program(s) you are applying for]

- Postgraduate Diploma in Clinical Research
- Advanced Postgraduate Diploma in Clinical Research and Medical Writing
- Advanced Postgraduate Diploma in Clinical Research and Pharmacovigilance
- Advanced Postgraduate Diploma in Clinical Research and Business Development
- Advanced Postgraduate Diploma in Clinical Research and Regulatory Affairs
- Advanced Certificate in Clinical Research for Physicians

**Title** [Tick one]: Mr./Ms./Mrs./Dr.

**Last Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Male  Female **E-mail ID:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
[Include Country Code] [DD/MM/YYYY]

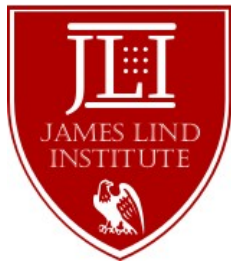
**Full Postal Address:**

<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City:</b>		<b>State:</b>	
<b>PIN Code:</b>		<b>Country:</b>	
<b>Landline Contact No.</b>			

**Educational Background:** [Higher Secondary Onwards]

Name of Institution	Dates Attended		Qualification	% of Marks	Majors [Major subject of study]
	From[MM/YY]	To[MM/YY]			

Please send this completed application form along with your applicable program fee to **James Lind Institute, 504-Galleria, A-Wing, Hiranandani Business Park, Powai, Mumbai 400 076, Maharashtra, India.**



# JAMES LIND INSTITUTE

	: +91-22-25717000
	: +91-22-25717087

**Employment History** [If Applicable]: *\*(You may choose to leave this field blank)*

Job Title	Employer Name	Start Date	End Date

**Mode of Payment:**     Cheque     Demand Draft (DD)  
 [Please make the cheque/DD payable to 'James Lind Institute']

**Cheque/DD:**     Included     Not Included

**Cheque/DD number:** \_\_\_\_\_

- **I would like to request for scholarship:**     Yes     No  
 [If marked 'Yes' please include academic credentials along with this application form.]
- **I would like to subscribe to the free JLI newsletter:**     Yes     No
- **I agree to abide by the rules and regulations of James Lind Institute:**     Yes     No

I acknowledge that the information provided by me in this application form is true and accurate to the best of my knowledge.

Full signature of the student: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Application Received Date:		Application Received By:	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	LMS Access to Student Date:	
JLI Student ID:			

Comments: \_\_\_\_\_

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